

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF RHODE ISLAND

CORPORATE/BUSINESS IDENTIFICATION FORM FOR UNCLAIMED DIVIDENDS

Case Name _____

Case No. _____ Amount of dividend/refund _____

A dividend/refund check was previously issued in your name in accordance with an Order of this Court, however said check was not cashed and has been deposited with the United States Treasury Account.

In order to insure payment to the proper party, **please fill out the identification portion on this form and mail to: U.S. Bankruptcy Court, 380 Westminster Mall, Providence, RI 02903, Attn: Financial Dept.** Upon receipt of the completed document, your request for payment of unclaimed funds held by the Court will be processed.

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I, _____, hereby state that I am the
_____ Of _____
(Title) (Business Name)

and am authorized to request payment of the above dividend.

(Signature) (Corporate Seal)

Subscribe and sworn to before me in _____

(City/Town)

_____ This _____ Day of _____, 20____.

(State)

(Notary Public)